

022404  
13281

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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U.S.PTO  
22553  
10/174772

022404

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 8947-000075/US

First Inventor MOON-SOOK LEE et al.

Title APPARATUS FOR FABRICATING SEMICONDUCTOR DEVICES, HEATING ARRANGEMENT, SHOWER HEAD ARRANGEMENT, METHOD OF REDUCING THERMAL DISTURBANCE DURING FABRICATION OF A SEMICONDUCTOR DEVICE, AND METHOD OF EXCHANGING HEAT DURING FABRICATION OF A SEMICONDUCTOR

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 21]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 8 ]
- Oath or Declaration [Total Pages 3 ]
  - a.  Newly executed (original)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Commissioner for Patents  
Box Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (*when there is an assignee*)
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)  
*Prior application information:* Examiner \_\_\_\_\_

of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

30593

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Harness, Dickey & Pierce, P.L.C.					
Address	P.O. Box 8910					
City	Reston	State	VA	Zip Code	20195	
Country	United States of America	Telephone	703-668-8000	Fax	703-668-8200	

Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094
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Signature		Date	February 24, 2004
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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U.S. PTO

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,130.00)

Complete if Known	
Application Number	NEW
Filing Date	February 24, 2004
Inventor(s)	MOON-SOOK LEE et al.
Examiner Name	Unknown
Group Art Unit	Unknown

Attorney Docket No. 8947-0000075/US

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
- |   |                                  |
|---|----------------------------------|
| Deposit Account Number  | 08-0750                          |
| Deposit Account Name  | Harness, Dickey & Pierce, P.L.C. |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 |                                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                    |                                  |
2.  Payment Enclosed:
- |   |                                      |                                      |                                |
|---|--------------------------------------|--------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other |
|---|--------------------------------------|--------------------------------------|--------------------------------|

## FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	1053	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 40.00)

2. EXTRA CLAIM FEES	
Total Claims	33 -20 ** = 13 X 18 = 234
Independent Claims	4 -3 ** = 1 X 86 = 86
Multiple Dependent	X =
SUBTOTAL (2) (\$ 320.00)	

\*\* or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	John A. Castellano	Registration No.	Attorney/Agent)	35,094 Telephone 703-668-8000
Signature				Date February 24, 2004

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